An Essay on the Nature, Character & Treatment of Croup.

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Composition good Penmanship good Pathology defective

The Nature, Character & Treatment of Croup is a subject of serious interest to the Physician. It is a disease of frequent occurrence in some of its varieties or species, & when it manifests itself in the membranous form, it is almost uniformly fatal; bidding defiance to the most skilful practice, & hurrying its victim to a premature grave. When we consider the number of victims who are destroyed by it, & the comparatively small number of remedies that have a specific or Homœopathic relation to the symptoms of Membranous Croup, we feel that the Physician is but imperfectly furnished

with reliable means to contend
with this terrible disease.
Indeed we seriously question,
whether any of the remedies,
relied upon as being curative
in this variety of the disease,
have been sufficiently tested by
provers of drugs, or by Clinical
experience to entitle them to
the entire confidence of the
Physician. It is true that Physicians
have reported cases as having been
cured by Iodine, Bichromate of
Potassa, Ammonium Causticum,
& Bromine; but how many of
those, would a critical examination
of their recorded symptoms, prove
to have been undoubted cases

of Angina Membranacea? We will not assert that no such cases can be found, but we believe they are exceedingly rare; so rare, that if we admit the genuineness of the cases, it may be a matter for question, whether the patient owed his recovery to the medical treatment which he received, or to the restorative efforts of a vigorous constitution[x]. Taking this view of the subject, it must be admitted, that Medical Science has much to accomplish in the discovery of remedies, specifically adapted to the treatment of true Croup; either through the trial of new drugs upon the healthy, or

[x] Measure, the union of vigorous Nature & powerful drugs.

through the more perfect proving
of those already known to have a
Homoeopathic reation to the disease;
& also by extensive Clinical experience.
So long as the Physician is destitute
of the knowledge of such remedies,
he must feel painfully sensible of
his liability to failure in his treatment,
& to the loss of his unfortunate patient.
To the Physician who is called upon
to witness & to treat this alarming
disease, its Nature & its mode of
treatment must be a subject of
deep & abiding interest, demanding on
his part the most patient, continued
& laborious investigation & study; & he
will never feel satisfied with himself
nor his art, until he shall be fully

supplied with remedies, with which he can successfully meet every form & stage of Croup. Although we have seriously questioned the efficacy of Medical treatment of Angina Membranacea; we wish to be understood as referring only to fully developed cases, & not to the incipient stages of the disease. When Homoeopathic treatment is resorted to before the false membrane is formed, it very generally succeeds in arresting the disease; whereas Allopathic treatment almost uniformly fails of success, even though it be called in requisition at the commencement of the disease. Many non professional individuals

regard almost every sudden attack of cough & hoarseness, attended with oppressed respiration, as a case of Croup; & this erroneous opinion is so general in the public mind, that we frequently hear of cases of Croup cured by emetics, stimulating rubefacient applications to the neck, diaphoretics & the warm bath; while every educated Medical man, & especially every Homœopathic Physician, well knows, that true Croup is never cured by such means; & we attribute the erroneous views of the public upon this subject, to the carelessness of Physicians in diagnosing the disease, & to the misapplication of the term Croup, to diseases which resemble it in some of its less important &

less characteristic symptoms. By the careless & indefinite manner in which some Physicians apply the term Croup, the public are led to regard the disease as of frequent occurrence; & finding patients recover, whom they falsely supposed to be afflicted with Croup, under the use of empirical remedies, they are led to place confidence in these remedies, as being curative in true Croup. Thus quackery & empiricism flourish at the expense of true art, & to the loss of life. Who can estimate the amount of suffering which has been inflicted, or the number of lives that have been sacrificed; or perhaps preserved to suffer a fate worse than death.

by lingering out a wretched existence,
the victim of irremediable medical
disease, consequent upon the atrocities
of Allopathic treatment; viz, the heroic
use of Emetics, Antimony, Mercury,
Blistering, Bleeding &c, blindly persisted
in by Allopathists? Their heroic treatment
is unnecessary in spurious cases, ineffec
tual in the true, & dangerous in all.
In spurious cases, the Allopathist, acting
under the impression that the attack
is a dangerous one, resorts to the violent
measures which his system teaches,
& thus increases the suffering & danger
of the case. Indeed the suffering & danger,
many times are not from the disease,
but from the treatment. Carelessness
in diagnosing disease, or ignorance with

regard to its pathognomonic symptoms,
is one of the most effectual methods
by which quackery is sustained.
The prevalence of incorrect views, in
relation to the characteristic symptoms
of a disease, necessarily renders its
therapeutics obscure & uncertain.
Perhaps no disease is more obnoxious
to this objection than the one
under consideration; we think that
greater definiteness, in describing its
symptoms, is required on the part
of those who report the successful
treatment of cases which are
designated as Croup, as well as on
the part of nosological writers.
Whenever the public shall receive
correct views with regard to the

characteristic symptoms of Croup, much of the empirical treatment, which is now sustained through ignorance of its nature, will necessarily be discarded; & the inexperienced Physician will cease to rely on remedies, as curative in true Croup, which are so only in certain fictitious varieties of that disease. There is but one form of true Croup; although some writers have divided Croup into several varieties, as the Spasmodic, Catarrhal, Inflammatory, & Membranous. If the views which we have advanced be correct, & if it is questionable whether we have as yet any indoubtedly reliable remedies for the treatment of

fully developed Membranous Croup;
if our chief prospect of curing it
consists in treating its early stages,
with properly selected Homœopathic
remedies: it is important that we
should make a correct distinction,
between the symptoms of membranous
Croup at its earliest periods, & the
symptoms of Spasmodic, Catarrhal
& Inflammatory Croup.

"These different varieties constitute so
many distinct & independent
diseases, they are not different
stages of the same disease as is
usually supposed, nor will they
run into each other, any more
than Scarlet Fever will run into Small Pox,
or Measles into Hooping cough."

Spasmodic Croup, or the Laryngismus Stridulus of Good, usually commences in the night; its attacks are sudden, often without any premonitory symptoms: sometimes a slight cough attended with a little fever may be observed on the previous day; but frequently the little patient retires to his bed in his usual health. Suddenly in the night he is awakened with a deep, hoarse cough, & great oppression for breath; the breathing becomes oppressed almost to suffocation: the cough recurs in spasmodic paroxysms which threatten to produce strangulation. the face is swollen deeply flushed & livid.

These symptoms suddenly subside & are followed by an intermission of the paroxysm of longer or shorter duration, sometimes continuing half an hour, & sometimes but a few moments; when they recur with augmented or diminished force, leaving in the interval of intermission, some cough & at times wheezing in the chest. The voice is hoarse in speaking from the commencement of the attack; there is more or less heat of the skin & acceleration of the pulse, attended with thirst: these symptoms generally subside in a few hours, & leave the patient free from danger, after the administration of the appropriate

Homœopathic remedies; viz, Aconite,
Belladonna, Spongia, Cuprum,
Hyoscyamus & perhaps nux vomica,
moschus & Camphor.
"In Catarrhal pseudo Croup, the voice
is hoarse, the cough croupy, there is
tightness & oppression of the chest,
with croupy inspiration, & at times
sudden attacks of dyspnea set in,
with shrill sonorous breathing;
but in a few days the croupy
character will wear off of
itself; leaving simple catarrhal
symptoms only." Spongia, Hepar,
Iodine, Sambucus, Drosera & Chamomilla
appear to be Homœopathic to Catarrhal
croup. By Inflammatory Croup we
suppose authors mean an inflammation

of the trachea characterised by hoarse, dry cough, & hoarse voice; difficult oppressed respiration; rapid pulse; great heat of the skin, with great thirst; & in short most of the symptoms of Catarrhal Croup without its catarrh or coryza. To these symptoms Aconite & Phosphorus appear to be Homoeopathic. Angina Membranacea occurs most frequently in childhood, although medical writers tell us that no period of life is exempt from its attacks. Children of every age are liable to it, but it most frequently attacks children, whose ages vary from one to six years;

& seldom attacks children above
twelve years of age.
The instances in which it occurs in
actutt life are exceedingly rare.
Fleshy children of fair & florid
complexion & sanguine temperament
are the most liable to this disease.
The disease occurs in the most
salubrious & healthful, as well as
in damp locations; but it is thought
by some writers, that it occurs
more frequently in regions
that are extensively watered;
than it does in dry situations.
It sometimes prevails epidemically,
& it has been observed that epidemic
Croup is characterised by an
increased malignity in its

symptoms, & a more rapidly fatal
termination of the disease.
Good & Thomas assert, that a child
who has once had it is more
liable to subsequent attacks;
although Thomas says the subsequent
attacks are less severe. We have
observed the complaint to follow
sudden changes in the weather
from warm to cold; particularly
when a period of warm wet
weather has been followed by a
cold northeast wind, thus giving
rise to a cool moist air; & we
think it is attributable to the
frequent recurrence of these
changes in the Fall & Spring,
that this complaint occurs most

frequently at those seasons of the year, Mechanical causes, as the lodgment of foreign bodies in the trachea have been known to produce a disease having all the characters of Croup.

It is said by medical writers that a hereditary tendency to croup is communicated by parents to their offspring. Angina Membranacea usually commences in a gradual manner. A slight cough attended with hoarseness is perceived for several days; it continues without much increase or with slight aggravation at night; the child continues lively & playful as usual, or it appears somewhat

dull & disinclined to play; after several days, two or three & sometimes after a longer period, the cough increases & affects the voice when speaking; the cough is dry & sonorous, & there is a little expectoration of thin mucus at times; the cough recurs more frequently, it is more continuous & is followed by exhaustion; the breathing becomes more difficult & wheezing; the face is flushed during the coughing; & the colour of the cheeks is permanently heightened; the pulse is rapid & there is great heat of the skin & great thirst; in some instances the circulation is but slightly

accelerated & the face is pale; frequently
the face & hands are covered with
perspiration, & the upper & lower
extremeties are cool, or below
the natural standard of heat;
the child is disposed to sleep,
but is frequently aroused from
its slumbers by the cough;
which is now severe & croaking;
the difficulty of respiration
increases & the breathing is hissing;
the child raises its head up &
throws itself back for the
admission of more air into
the lungs; the cough grows still
more frequent & sometimes
threatens to produce strangulation;
the child becomes more exhausted
by

by its efforts & throws itself back with its head extended, but quickly changes its position from the dread of suffocation; it is extremely restless & changes its position; the face now assumes a livid & purplish hue; the pulse becomes small, frequent, fluttering & contracted; the heart beats violently; the muscles of the neck & abdomen are violently exerted; the cough becomes incessant, & the respiration is in the highest degree laborious & painful; the hoarseness is less sonorous, & the voice is almost lost; the thirst is excessive & drinking threatens to produce instant strangulation; the countenance

becomes exceedingly anxious, the eyes are prominent & wear an imploring look & the little sufferer expires. In some instances, we are told the disease makes its attack with great suddenness, & the most severe symptoms manifest themselves from the first, & speedily run on to a fatal termination. Membranous Croup is peculiarly distinguished from Spasmodic Croup by the presence & continued recurrence of spasmodic action of the Larynx in the latter disease, from its commencement to its termination; whereas spasm appears to be entirely absent in in membranous Croup, unless

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we except the last stage of the disease, when we think it is not improbable, that some spasmodic action, perhaps through sympathy of the larynx with the trachea, may be connected with the inflammation. It is proved by post mortem examination that this disease destroys life by a mechanical obstruction of the bronchia & air cells of the lungs, with false membrane & mucus. Dissection after death reveals the formation of false membrane, not only in the trachea below the larynx, but also in the minutest ramifications of the bronchia. It is not very essential

Generally
main true only

to our purpose, to discuss the nature of this exudation, whether it be inspissated mucus or an organised membrane; but we infer that the membrane is formed by the effusion & organisation of lymph, in the same manner that false membrane is formed by the vessels of the Pleura & Peritoneum, when those tissues are inflammed.

In regard to the treatment of Angina Membranacea the principal reliance of the Physician must be in treating its early stages with the appropriate Homoeopathic remedies; & thus preventing the effusion which results in the formation of false

membrane. We believe many lives have been saved by a judicious attention to its premonitory symptoms, & the timely & correct application of Homoeopathic remedies to its early stages. The hoarseness of incipient croup is distinguished by the fact that it does not affect the voice in speaking until some time after it affects the voice in coughing. Another characteristic of the hoarseness of incipient croup is, that it is rarely & perhaps never attended with soreness of the throat; whereas the hoarseness of a common cold is almost always attended with soreness of the

throat. Dr Ware tells us that "at the commencement of Croup the breathing is comparatively quiet & unobtrusive; there is only a little more effort in drawing in the air, & a little more force exercised in its expulsion; there is a slight dilatation of the nostrils at each inspiration, & a slight whiz or buzz at the rima-glottidis, heard by placing the ear upon the back of the neck, or over the larynx". Peters tells us that incipient Croup may be detected at a very early period. He says long before the case begins to look threatening, if the throat

be examined, false membrane will be found, most frequently & sometimes only upon the tonsils, sometimes upon the palate, uvula & pharynx; in thirty-three cases of true Croup Dr Ware found these membranes present in thirty-two, absent in one; in eightyseven cases Brettonneau found them present in eighty five cases, absent in two; while in forty five cases of pseudo-Croup, Dr Ware did not find them present in a single instance". In the treatment of the incipient symptoms which we have detailed, we think Aconite, Spongia, Hepar & Phosphorus are indicated; also in the more advanced stage of the disease,

when through the neglect or improper
treatment of these early symptoms,
the hoarse cough after continuing
for several days, with remission
in the morning & aggravation
in the evening, becomes greatly
augmented; when the voice is
hoarse in speaking, the arterial
system is much excited; the pulse
is rapid, full & strong; the face is
flushed & the skin is hot; or when
there is an absence of much
excitement in the arterial system;
& when the specific inflammation
of Croup is not fully formed
in the trachea, & prior to the
appearance of false membrane;
we think these remedies will

often succeed in arresting & curing the disease. In the treatment of that stage of Croup which is characterised by the formation of false membrane, there are but few remedies which are regarded by Homoeopathic Physicians as being truly Homoeopathic; & of this number Bromine & Ammonium Causticum are the only remedies with which we are acquainted, which have produced the pathognomonic symptoms of the disease. Noack & Trinks tell us that Ammonium Causticum "causes redolening of the nasal mucus membrane, which is coated with an albuminous layer; redolening of the posterior

surface of the epiglottis & of the entrance of the rima-glottidis, which are covered with pseudo-membrane; great redness of the whole trachea & bronchi, which are coated with membranous patches". Bromine it is said causes "inflammation of a transudative character, of the larynx & trachea, with the commencing formation of false membranes; violent inflammation of the fauces & esophagus, & coating of them with plastic lymph; intense inflammation of the larynx & trachea, with exudation of plastic lymph in such abundance as quite to block up the air passages". We should infer from

a consideration of the pathognomonic symptoms of Ammonium Causticum, that it may be a valuable remedy in Croup, & we think it deserves the serious attention of Homœopathists in the treatment of this disease. The provings of this drug exhibit only a very scanty number of symptoms, & we have never seen any record of its trial in a case of Croup.

Bromine, it is said, has been used successfully by a number of Physicians in the treatment of Croup.

It is indicated when Croup comes on slowly, the membrane being a long time in forming in the bronchia, sometimes during a period of eight or ten days, attended with great

weakness & exhaustion, even when the child was running about, soreness & roughness of the larynx, suffocation when coughing, rattling breathing.
The tincture of Bromine? is the horrible H
preperation of this remedy which is used in Croup. Of this five drops are dissolved in water, & a teaspoonful is given every fifteen minutes or half hour, or hour, according to the urgency of the symptoms, until they are mitigated, when the remedy is given at longer intervals.
Spongia is said to be indicated, when the aggravations come on in the evening before midnight, when there is pain on pressing upon the Larynx with the finger & heat in

the Larynx & Trachea. The tincture of the remedy is used, mixed with water, in the same manner that Bromine is prepared & used, Some Practitioners use Spongia in alternation with Bromine.

Iodine is said to be indicated, when there is pain in the Larynx with sensation of heat, intolerable tingling & tickling in the Larynx, & when the cough is accompanied with pain & crying. As an adjuvant to internal treatment, & which may sometimes prove useful, cloths wet in cold water may be applied to the neck & renewed whenever they become warm. The temperature of the patients room should be uniform

& of a proper degree of warmth.
As a last resort in the treatment
of this disease, Tracheotomy has
been advised; but we think no
intelligent Physician, of the present
day, should advocate a mode of
treatment, which is so absurd,
cruel & incapable of accomplishing
the end for which it is designed;
viz, the prevention of suffocation by
the introduction of air into the
Trachea. The disease affects the
remotest ramifications of the
bronchia, & suffocation can only
be prevented by arresting the
formation & accumulation of false
membrane & mucus in the minute
air tubes & cells, by the use of

strictly Homoeopathic remedies, in Hom. surg.
Various other remedies, beside those
which we have enumerated, are
regarded by medical writers as
remedial in Croup; but our
imperfect acquaintance with them,
& our want of clinical experience
in the use of those remedies, as
well as the already too extended
length of this Essay, will be a
sufficient excuse for not considering
them here.